



Year 2 PERFORMANCE REPORT

Reporting Period:	October 1 2010 - Sep 30, 2011
Submitted by:	Partnership for integrated Social Marketing – PRISM
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Task 1: Increase the supply and diversity of health products and services to distribute and deliver through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.

1.1 Increase the supply and diversity of child health products and services to distribute and deliver through the private sector, in conjunction with the public sector, for the prevention and control of early childhood diseases as well as delivery of integrated health services.

1.1.1 Expanded access to and targeted distribution of Clorin:

In Year 2 of the PRISM project, SFH-PRISM and partners distributed enough Clorin to treat 2,018,000,496 liters of water. Substantial efforts were made to focus Clorin distribution on HIV-affected households and underserved communities during cholera outbreaks.

SFH-PRISM partnered with Care International to expand rural access to Clorin by training 556 community-based distributors in the promotion of correct and consistent use of Clorin, as well as social entrepreneurship techniques for the subsidized sale and distribution of Clorin to underserved rural communities in Luapula, Eastern and Northern Provinces. A total of 77,623 people were reached with diarrheal disease prevention messaging through targeted inter-personal communication activities led by SFH-PRISM.

During the seasonal cholera outbreak in Year 2, SFH-PRISM donated a total of 2,400 bottles of *Clorin* to the Ministry of Health and collaborated with UNICEF and the NGO Wash Forum to distribute *Clorin* to affected areas of Lusaka. Using GPS data to identify shallow public wells within the hardest-hit areas, SFH-PRISM worked closely with other partners to train and place volunteers at the source of these wells to treat water and to conduct community-based education on the prevention of diarrheal disease and the correct and consistent use of water purification solution. Community members and Ministry of Health officials lauded the collaborative efforts.

SFH-PRISM worked closely with STEPS-OVC during Year 2 to distribute 565,380 bottles of *Clorin* to people living with HIV/AIDS through the Home Based Care program.

1.1.2 Child Survival Situation Analysis:

SFH-PRISM submitted a Concept Note in Year 2 for the introduction of Zinc-ORS packets, but this option was not exercised for Year 2.

1.2 Increase the supply and diversity of integrated reproductive health products and services to distribute and deliver through the private sector, in conjunction with the public sector.

1.2.1 *SafePlan* Oral Contraceptives:

1,993,230 cycles of *Safeplan* oral contraceptives were distributed during Year 2 through 344 commercial outlets (registered pharmacies and clinics) and non-commercial outlets (public DHMT clinics and trained community-based distributors).

Rural access to *Safeplan* was improved by training Community Volunteers to distribute and promote *Safeplan* to rural communities in Northern, Luapula and Eastern Provinces, with support from CARE International. 1,087 Community Volunteers were trained in Year 2 for this purpose.

During Year 2, SFH repackaged and re-launched *Safeplan* through community events in Lusaka and Copperbelt with high-level participation from government and community stakeholders. In Kitwe the re-launch ceremony was opened by the District Commissioner.

1.2.2 Injectable Contraceptives:

Zero vials of MyChoice injectables were sold and distributed in Year 2, as this was not part of the approved PRISM work plan.

1.2.3 Integrating RH product/service delivery:

SFH-PRISM continued to make progress towards improved integration of reproductive health programming during Year 2. SFH-PRISM collaborated with CIDRZ to integrate cervical cancer screening as well as neonatal male circumcision services, and RH providers in government clinics conducted health talks with women seeking child health services, and improved referrals and linkages for RH clients testing for HIV within the government system. In Year 2, 36,707 CT clients received RH counseling at SFH-PRISM New Start voluntary HIV counseling and testing centres. SFH-PRISM also partnered with ZEHRP to refer couples testing for HIV in public clinics for RH services.



During Year 2, SFH-PRISM began a new initiative of hosting clinical meetings within the entire clinical staff at participating public clinics in Lusaka, in order to share complete information on the FP services being offered and hence improve facility-level buy-in and involvement. This initiative has proven highly successful, and will be scaled-up to other Provinces during Year 3.

As part of an effort to increase the efficiency of operations, SFH-PRISM refocused the work of existing FP medical detailers to limit their sales and distribution activities and shift their time

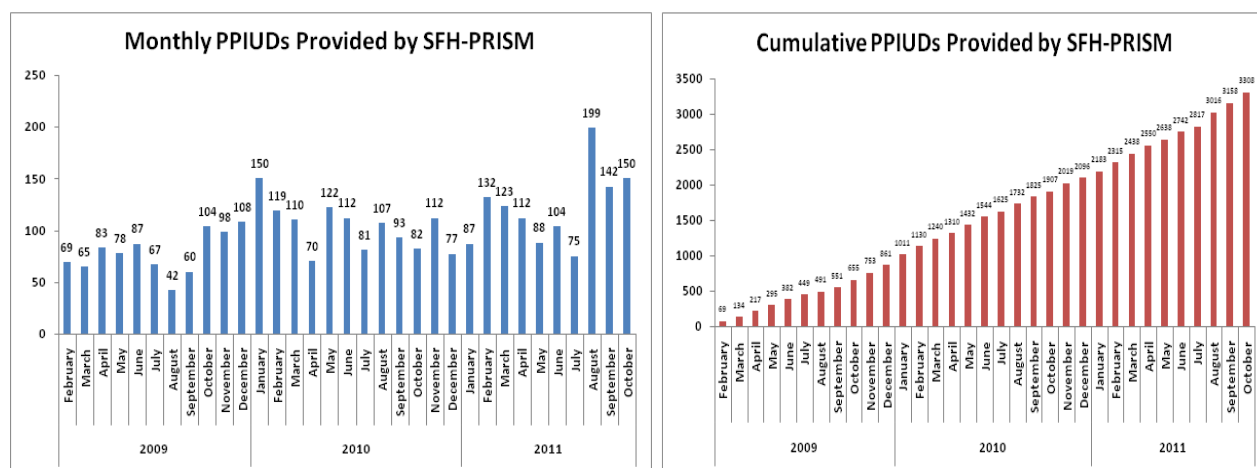
to more effective trade marketing and community-based demand creation activities.

1.2.4 Long-Acting Reversible Contraception (LARC): NEW

During Year 2, SFH-PRISM's scope of work expanded to include additional long-acting reversible contraception, including inter-uterine devices (IUDs) and hormonal implants. SFH-PRISM set itself an internal target for delivering 36,500 of these effective family planning options, and was able to surpass this target by 42%, serving 51,802 women with LARC services.

1.2.5 Post-Partum Inter-Uterine Device (PPIUD): NEW

During Year 2, SFH-PRISM piloted an innovative new initiative, seizing the opportune moment in a woman's life when she is both present at the health clinic and definitively not pregnant (two requirements for successful PPIUD insertion); just after delivery. SFH-PRISM initiated the pilot program and conducted a thorough analysis of the results, which were disseminated widely among MOH and other national stakeholders. Further advocacy efforts resulted in the Ministry of Health adopting PPIUD as part of the approved Family Planning Guidelines and Protocols document, signed into effect in September, 2011. During the year, SFH-PRISM scaled-up PPIUD activities from Lusaka to Copperbelt, Eastern and Luapula Provinces, and expect further expansion during Year 3. Table 1 and 2 below show national monthly and cumulative PPIUD figures from 2009 through 2011.



1.3 Increase the supply and diversity of products and services to prevent and manage HIV infection and STIs for distribution and delivery through the private sector, in conjunction with the public sector.

1.3.0 Condom Social Marketing:

SFH-PRISM continued to market male and female condoms in hair salons, barbershops, grocery shops, bars, brothels and nightclubs nationwide. SFH-PRISM sold and distributed a total of 19.5m male condoms (135% of the annual target) and 223,380 female condoms (56% of the annual target). SFH-PRISM supported CARE International with the expansion of community-based distribution of male and female condoms among hard to reach rural communities in Northern, Luapula and Eastern Provinces.

SFH-PRISM continued its condom social marketing work with most-at-risk populations (MARPS) in Lusaka, Kafue, Chongwe and Mumbwa Districts with local partner ZHECT. Specific MARPS targeted for condom distribution and BCC activities include predominantly female sex workers and their clients.

Building on the lessons from the DELTA condom marketing planning exercise for male condoms from Year 1, SFH-PRISM repackaged and relaunched Maximum Classic condoms during Year 2, and developed evidence-based marketing materials including point-of-sale and mass media spots; TV spots were developed and tested, though placement will be delayed until Year 3 due to funding limitations.

Operational research results were finalized and disseminated from a study involving over 2,000 beauty salon and barber shop merchants in the sale of *Care* female condoms in and around Lusaka. The study revealed that status and social recognition approaches were most effective for

incentivizing merchants to sell the product, which was perceived by all those involved to have a positive social benefit. SFH-PRISM will explore options for using this research to inform sales and distribution strategies in Year 3.

1.3.1 Counseling and Testing (CT):

In Year 2 of the PRISM project (October 2010 to September 2011) 166,008 clients received CT through the SFH-PRISM New Start (NS) network, 75% (124,506) of these for the first time; 81% (134,466) of all clients were seen through mobile activities; 2% (3,322) of clients opted out of testing, following pre-test counseling; 20% (33,202) of clients came as couples (from 13.4% in Year 1). On average, 71% of clients who tested positive for HIV received post-test support through the Horizon network.

In June 2011, SFH conducted a site assessment of a potential New Start static site in Mongu and developed plans for local partner DAPP to begin offering CT services in Year 3, pending USAID approval.

Targeted CT:

During Year 2, SFH-PRISM expanded outreach CT work in prisons from two Provinces (Lusaka and Copperbelt) to six Provinces (Eastern, Luapula, North Western and Southern). CT and HORIZONS post-test activities were conducted among inmates and prisons staff, and continues in Year 3.

SFH implemented several new strategies in Year 2 to target discordant couples with high-impact preventive services, in order to align programming with new WHO and MOH ART guidelines, which recommend ART for all discordant couples regardless of CD4 count. SFH revised the HORIZONS post-test curriculum which will include prevention activities for discordant couples and began conducting monthly sessions exclusively for discordant couples at all New Start sites, country-wide.

SFH is in the process of strengthening ART referral feedback and tracking systems for those testing positive through New Start, and this will form part of SFH's accelerated service integration initiative, beginning in Year 3. Five automated and point-of-care PIMA CD4 count machines will be procured and placed in five Newstart sites during Year 3 to address bottlenecks within the existing health systems and improve continuity of care for CT clients who test positive for HIV.



In the lead up to the National VCT Day on June 30 2011, the MOH and the National HIV/AIDS/STI/TB Council (NAC) adopted the 'Get Tested Together, Get Tested Today' mass media campaign as the official national slogan and, with support from another USG-funded partner (Communications Supporting Health – CSH), re-aired the TV and radio spots and re-printed the SFH-PRISM developed posters and fliers. The proportion of people coming for CT as couples rose again during Year 2 from an average of 13.4% to over 20%; the trend appears to be continuing upwards into Year 3.



Counselor Training:

60 counselors were trained in HIV rapid testing using the national standards (pictured at left): 7 from Kitwe, 16 from Solwezi, 16 from Livingstone, and 21 from Luapula Foundation.

1.3.2 Voluntary Medical Male Circumcision (VMMC):

During Year 2, SFH-PRISM and its partner organizations performed a total of 59,732 VMMCs; 17,896 of which are directly attributable to USAID funding. 28% of these were performed at SFH-PRISM static sites. Three new integrated VMMC service delivery sites was established in Year 2: Chachaca Road MC Centre in Lusaka, Chipata MC Centre in Chipata, and Solwezi MC Centre in Solwezi offer MC, CT and STI treatment services.

During the reporting year, the total direct program costs per VMMC service provided was reduced significantly, from \$129 to \$76. This reduction was the result of improved planning for more efficient outreach activities, reduced supply costs (local supplier) and in general a higher volumes of clients to offset fixed costs. A total of 79% of all eligible clients (those above age 16) voluntarily tested for HIV as part of the VMMC process. Adverse events were kept to a minimum; in total the program maintained an adverse event rate of 1.39%, with moderate and severe adverse events totaling only 0.3% of all clients. All clients experiencing severe adverse events made full recoveries.



SFH and its partners trained a total of 23 MC service providers in a more efficient technique for haemostasis (electrocautery) through training partner JHPIEGO. Twelve partner public clinics were also identified and assessed for minor refurbishments as part of an effort to improve infection prevention standards in lower-level public facilities.



SFH-PRISM collaborated with two high-profile traditional leaders of non-circumcising groups; Paramount Chief Mpezeni of the Ngoni speaking people in Eastern province and his Royal Highness Chief Mumena of the Kaonde speaking people in North-Western province. On two separate occasions, SFH-PRISM was invited to offer VMMC services during traditional ceremonies, where specialized surgical

tents were used to conduct the procedure outside of health facilities. In Eastern province, the activity marked the symbolic re-introduction of circumcision among the Ngoni people by the Paramount Chief as a cultural practice and also as an HIV prevention strategy (pictured above).

In the spirit of the U.S. Global Health Initiative's (GHI) goal to increase impact through strategic coordination and integration, SFH-PRISM continued to support the Ministry of Health, leading the development of the National Communications and Advocacy Strategy for the period 2011-2015, as well as supporting CHAI in the development of a National Country Operational Plan. SFH-PRISM also supported the Health Professional Council of Zambia with the piloting of National VMMC Accreditation Guidelines; all seven of the SFH-PRISM static sites that were evaluated passed the accreditation guidelines.

Through Year 2 SFH-PRISM developed strategic collaborations with other USG-funded organizations, including CHAMP, Corridors of Hope II and ZPCT II. SFH actively participated in VMMC TWG meetings.

1.4 Increase the supply and diversity of products and services to prevent and control malaria for distribution and delivery through the private sector, in conjunction with the public sector.

1.4.0 ITN Distribution:

900,000 ITNs were distributed to DHMTs for routine distribution during antenatal care, in support of the MOH's Malaria in Pregnancy program. SFH-PRISM continues to provide routine distribution of ITNs to all 72 DHOs, pending sufficient commodity supplies.

SFH-PRISM also supported MOH's Mass Distribution campaign in Eastern Province, with community-based volunteers providing information and demonstrations of proper net usage at facility-level distribution points. During the initiative, community-based volunteers offered to accompany residents to their homes to assist with proper placement, with a goal of covering "every sleeping space" with an ITN in order to combat a recent resurgence of the disease in 3 priority Provinces (Eastern, Luapula, and Northern).

531 outreach workers were trained to in collaboration with PRISM partner Care International to promote correct and consistent ITN use. SFH-PRISM is exploring the development of M&E systems to track ITN distribution and the communication activities of trained Neighborhood Health Committee volunteers; these data would need to be integrated into existing national-level net usage statistics.

Task 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base.

2.1 Prevention of Childhood Illnesses & Malaria:

SFH-PRISM implemented Clorin school-based programs in five Provinces: Lusaka, Northern, Copperbelt, Eastern, and Luapula. SFH Communication Assistants (CAs) worked with 37 schools to facilitate discussions with students and teachers using a peer to peer model. Children were taught the importance of treating water with Clorin, hand washing and practicing other hygiene behaviors to prevent diarrheal diseases. 'Hygiene Clubs' have been formed at all the schools to continue the work. SFH-PRISM conducted eight mobile video unit (MVU) shows in malaria-endemic areas.

2.2.1 Creating Informed Demand for MC:

SFH-PRISM utilized a variety of interpersonal, mid-media (MVU), print and community-level communications to create informed demand for MC. A PSI-developed social marketing strategy process was held to refocus demand generation activities using existing evidence from the 2010

TRaC survey and service statistics. Phone-in radio shows were used extensively to generate discussion with the public via community stations in six Provinces.

2.2.3 Increasing Condom awareness and demand

Maximum Rebranding:

During a large public event on World AIDS Day 2010, the new packaging for Maximum Classic was launched near Chipata, Eastern Province. The launch drew the attention and support of numerous governmental officials and received coverage from various news outlets.

Care FC Radio Program:

The “Diva in Me” *Care* female condom radio program (recorded and produced in-house in the SFH-PRISM multi-media studio) continued airing during the first half of Year 2. The program featured local celebrities, religious leaders, health practitioners and others, discussing the female condom.

Community distribution of condoms:

1,800 community change agents (CBDs and Behaviour Change Promoters) were trained to promote/distribute condoms in the communities through PRISM partner ZHECT.

2.2.4: Interpersonal Communications:

124,608 were reached with HIV messages through interpersonal one on one and small group sessions, of which 12,723 were most-at risk populations (MARPs). 56,113 people were reached through community outreach with HIV/AIDS AB messaging.

Task 3: Develop the ability of a commercial/private sector entity to produce and market at least one currently social marketed health product or service in a sustainable manner.

3.1.1 Commercializing Activities

In February of 2010, SFH-PRISM undertook a strategic marketing planning process called a Total Market Approach (TMA) for the male condom program, with an aim of increasing the equity, sustainability and impact of the male condom market, as it serves to prevent the spread of HIV and AIDS and unwanted pregnancies in Zambia. The total market approach considers dynamics in the overall condom market, including behavioural trends such as condom use, in order to better focus social marketing efforts for maximum health impact. SFH began its TMA by assessing the Universe of Need (UOM) for male condoms in Zambia, using standard demographic calculations based on nationally-representative health survey data, as well as trends in condom use among various priority populations. A review of existing condom brand pricing, distribution and promotional strategies revealed a sector dominated by free distribution and highly-subsidized condoms, with low and slow market share gains among for-profit brands. SFH synthesized these findings and developed positioning strategies for two subsidized condom brands, TRUST and MAXIMUM, in order to place more emphasis on expanding the reach and sustainability of the total condom market. SFH has also developed a monitoring and evaluation framework to track progress against TMA objectives.

During Year 3 SFH-PRISM will engage PRISM partner Booz Allen Hamilton to conduct a market feasibility study to look at options for fully commercializing one or more locally produced socially-marketed product or service, including Clorin water purification solution.

Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GRZ, other United States Government (USG), and non-USG partners.

4.1 Integration of Service delivery and activities:

SFH-PRISM consults with MOH Directors, District and Provincial Medical Officers and other senior officials on a continuous basis. These interactions occur both organically (as need arises) as well as more formally through regular participation in official MOH forums and events, including Technical

Working Group meetings. At Provincial and District levels, SFH-PRISM teams are part of planning meetings, Provincial/District AIDS Task Force activities, and special national and local events such as Child Health Weeks.

M & E, Research

SFH PRISM has a fully operational Research, Monitoring & Evaluation department. In year two of PRISM the department continued conducting strengthened internal Data Quality Assurance exercise and improved feedback mechanisms. There were no additional trainings done for research techniques under SFH – PRISM for year 2. However, there are planned research trainings for year 3. PRISM will undertake 4 research studies/evaluations. These include the Willingness to Pay Study for *Clorin* and formative research among men who have sex with men (MSM), Maternal & Child Health TRaC Study and HIV Condom Use and Concurrency TRaC Study.
